

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 20 1948

STANDARD CERTIFICATE OF DEATH

31563
State File No. 31563
Registrar's No. 8108

Registration District No. 318		Primary Registration District No. 1003	
1. PLACE OF DEATH: (a) County ST. Louis, MO. (b) City or town ST. Louis (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution City Infirmary Hospital (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution 12-7-39 to 9-4-48 (Specify whether years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County 000 17 (c) City or town ST. Louis (If outside city or town limits, write "RURAL") 9 (d) Street No. 5800 Arsenal St. (If rural, give location) 13 (e) Citizen of foreign country? (Yes or No)	
In this community Frank Ziegelmeier years, months or days		MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Sept. day 4 year 1948 hour 1 minute 15A M. 21. I hereby certify that I attended the deceased from May 1 1948 to Sept 4 , 19 48 that I last saw him alive on Sept. 4 , 19 48 and that death occurred on the date and hour stated above. Immediate cause of death: Meningitis, cause undetermined (Tuberculosis)? Generalized Peritonitis Ulceration of Ileum Tuberculosis? Other conditions (Include pregnancy within 3 months of death) 121 Major findings: Of operations 121 Of autopsy Same	
3. (a) PRINT FULL NAME Frank Ziegelmeier 3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. UNKNOWN 4. Sex 83 male 5. Color or race white 6. (a) Single, widowed, married, divorced widower 6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive years 7. Birth date of deceased Mar. 2, 1865 (Month) (Day) (Year) 8. AGE: Years 83 Months 6 Days 2 If less than one day hr. min. 9. Birthplace Germany (City, town, or county) (State or foreign country) 10. Usual occupation NONE 11. Industry or business 12. Name Albert Ziegelmeier 13. Birthplace Germany (City, town, or county) (State or foreign country) 14. Maiden name Margaret Boenhle 15. Birthplace Germany (City, town, or county) (State or foreign country) 16. (a) Informant City Infirmary Records (b) Address 5800 Arsenal St. 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-15-48 (Month) (Day) (Year) (c) Place: burial or cremation CALVARY 18. (a) Signature of funeral director William Kelly (b) Address 4386 Lindell 19. (a) SEP 13 1948 (Date received local registration) J. F. Bredeck (Registrar's signature)		Duration 2 wks. PHYSICIAN Underline the cause to which death should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? While at work? (Specify type of place) (c) Means of injury 23. Signature Mason Olmstead (M. D. or other) 9/7/48 Address 5800 Arsenal Date signed	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Ralph W Henson
Licensed Embalmer No. 3791
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.